

REQUEST FOR QUOTE FORM**Quote Number 0007005013****Quotations are due on or before****3:00 P.M., January 25, 2007**

Quotes may be submitted via e-mail or in
hard-copy via mail or FAX to: 515/242-
5974



Iowa Department of
Administrative Services
General Services Enterprise

Quote Form Page 1 of 2**Instructions:****Purchasing Agent: Kenneth Paulsen, CPPB**

- 1.) Review the attached quote specification package
- 2.) Complete and return the 1-page "Request for Quote" Form and the manufacturer's technical drawing and specifications of the product offered in hard-copy via e-mail, U.S. Mail or FAX #515-242-5974

To: Kenneth Paulsen, CPPB
Iowa Dept. of Administrative Services
GSE - Procurement Services
Hoover State Office Bldg., Level A,
Des Moines, Iowa 50319-0105

E-mail: Kenneth.Paulsen@iowa.gov

Contract Number: CT3064

Contract Period: February 1, 2007 through January 31, 2008

Renewal Contract Periods: Two (20 Annual renewal Period Options - Based upon mutual agreement of both parties.

BIDDER TO CHECK OR FILL IN THE SPACES THAT ARE APPLICABLE:

Minimum Order for Acceptance: 1

Minimum Order for FOB Destination: 1

Price Firm for Contract Period: ☒ YES ☐ NO

Prices are subject to change, but shall be firm for _____ days from the resulting contract in accordance with the terms and conditions enclosed herewith.

Pricing:

1-2 Units: \$12,972.00 Price Per Unit FOB Destination Installed

3-4 Units: _____ Price Per Unit FOB Destination Installed

Product Specifications:

Customized Textile Tray Cabinet or acceptable alternate per the attached specifications

Specify Product Offered: Model Name and Number: DELTA DESIGNS LTD.

Cabinet Dimensions: 90 " Wide X 90 " Deep X 79 " High includes base height

Cabinet Base Dimensions: 90 " Wide X 90 " Deep X 2 1/2 " High

Number of Trays: 24, Tray Inserts: COROPLAST

Cabinet Exterior Material/Finish/Color: ASA 70 GRAY - POWDERCOAT

Manufacturer's Warranty Period: 5 Year(s), Installer's Warranty: 180 days

Project Completion Date: 90 number of calendar days after receipt of a purchase order.

Complete Vendor Information below

Authorizing Signature: Bruce J. Danielson

Print Authorizing Signature Name: BRUCE DANIELSON

Company Name Typewritten: DELTA DESIGNS LTD.

Mailing Address: P.O. Box 1733, TOPEKA, KS 66601

Phone: 785-234-2244 FAX: 785-233-1021

E-Mail Address: bdanielson@deltadesignsltd.com

Payment Terms: Net 30 Days.

Federal Employment Identification Number: 48-1039153